

NOTICE OF CONTRACTING OPPORTUNITY**APPLICATION FOR
NAVY CONTRACT POSITIONS
THIS IS NOT A CIVIL SERVICE POSITION
FH-05-04 07 DECEMBER 2003**

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE DECEMBER 29, 2003. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: Code 02-22F
1681 Nelson Street
FORT DETRICK, FREDERICK, MD 21702-59203

E-MAIL: acquisitions@nmlc.med.navy.mil (in subject line reference: Code 22F)
Telephone : 301-619-2138

A. NOTICE. This position is set aside for individual Athletic Trainers only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS.

1. The Government is seeking to place under contract an individual who is certified as an Athletic Trainer. This individual must also (1) meet all the requirements contained herein and (2), competitively win this contract award (see Sections D and E).

2. You shall be on duty in the assigned clinical areas under the command of Naval Medical Center, Portsmouth, VA between the hours of 0700 and 1730. This may include any of the outlying military medical facilities in the Hampton Roads area. You shall normally provide services for a 8.5 hour period (to include an uncompensated 0.5 hours for a meal break) Monday through Friday. Specific hours will be determined by the Government depending on patient volume and clinical scheduling needs. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well-rested condition with at least six hours of rest from all other medical duties.

3. You shall accrue eight hours of leave at the end of every 2-week period worked. Up to 80 hours of leave may be carried over from one fiscal year to the next, as long as the balance carried over is used by 31 December of that same calendar year. This contingency for leave carry over does not apply if the following option period is not exercised by the Government or during the last option year of the contract. Services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same year with options to extend the contract for a total of five years. The contract will be renewable each year at the option of the Navy.

II. STATEMENT OF WORK:

A. The use of the term "Commander " means Commander, Naval Medical Center, Portsmouth or designated representative, e.g. a Technical Liaison or Department Head.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. The health care worker is serving at the MTF under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. The healthcare worker is not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. GENERAL DUTIES AND RESPONSIBILITIES. You shall perform a full range of Certified Athletic Trainer (ATC) duties, within the scope of this statement of work, on site using government furnished supplies and facilities. Workload occurs as a result of scheduled and unscheduled requirements for care.

Administrative and Training requirements: You shall:

1. Participate in periodic meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of regular working hours, the ATC shall be required to read and initial the minutes of the meeting.
2. Participate in the provision of periodic in-service training to healthcare and non-healthcare-practitioner members of the clinical and administrative staff on subjects germane to care and attend annual renewal of the following Annual Training Requirements provided by NMCP: Family advocacy, safety training, disaster training, infection control, Sexual Harassment, and Bloodborne Pathogens.
3. Actively participate in the Organizational Continuous Improvement Plan.
4. Participate in implementation of the family Advocacy Program in accordance as directed. Participation shall include, but not be limited to, appropriate documentation and reporting.
5. Maintain current certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; or American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. This certification will be provided by the Navy.
6. Maintain National Athletic Trainers Association (NATA) Certification. The Command will allocate time for attendance to two annual convention or course utilized for completion of the continuing education units required to maintain NATA Certification.

Clinical responsibilities. Your clinical performance will be a function of the overall demand for Certified Athletic Trainer services. Productivity is expected to be comparable with that of other individuals performing similar services. All services performed shall fall within those guideline established by the American College of Sports Medicine, American Medical Society for Sports Medicine, and National Athletic Trainers Association. You shall:

1. Function as an NATA certified ATC within the NMCP under the supervision of Sports Medicine Officer, Physical Therapy Officer, or Podiatrist. The ATC will adhere to the departmental and NMCP chain of command.
2. Provide consultation both to and from the medical officers at within the Department of Orthopedics at NMCP.

The ATC provides treatment and medical education to staff as directed. The ATC is responsible for a full range of direct treatment and rehabilitation as ordered by the Sports Medicine Officer/Physical Therapy Officer/Podiatrist.

3. Provide training and guidance, as necessary, to supporting employees assigned to you during the performance of rehabilitative procedures. Such direction and interaction will adhere to government and professional clinical standards and accepted athletic trainer treatment protocols. You shall perform administrative duties, which include maintaining statistical records of clinical workload, participating in education programs and medical research, preparing documentation for medical boards, and participation in clinical staff quality assurance functions as prescribed by the Commander and clinical administrative functions (vital signs, appointments, check in/out, etc).
4. Document all injuries and treatment rendered. Assessment may be a factor in light duty or limited duty determinations where there is a question of physical ability or potential for injury.
5. Provide evaluation and treatment of musculoskeletal injuries including, but not limited to, the following: Progressive Resistance Exercise (PRE), Open and Closed Chain Kinetic Exercises, Proprioceptive Neuromuscular Facilitation (PNF), manual therapy and joint mobilization, hydrotherapy, hydrocollator, cryotherapy, ultrasound, phonophoresis, iontophoresis, and all varieties of muscle stimulation. The health care worker shall be familiar with the application of the following equipment; Biodex Isokinetic elevation and stimulation, ski machines, stair machines, treadmill exercisers, gravitron, free weights and universal machines, BAPS board, Back System, Anodyne, aquatic therapeutic devices and instruction in therapeutic, corrective and rehabilitative exercises using specific equipment and strength training devices.
6. Provide treatment for soft tissue damage, acute and chronic edema, post-surgical edema, muscle atrophy, pain, overuse injuries, decreased circulation and loss of strength due to injury or biomechanical imbalance.
7. Provide appropriate follow-up evaluation.
8. Design and fabricate protective pads, equipment and braces for the prevention and treatment of injuries including the use of proper taping techniques. Provide training in proper taping and wrapping techniques to protect the physical welfare of command personnel and to reduce the number and severity of training injuries.
9. Document all assessments, treatments and follow-up care rendered through either written reports or through computerized means on a daily basis. Treatment and follow-up records on each individual requiring services shall document cause, contributing factors, duration, diagnosis and follow-up for use in research and analysis to improve treatment and develop methods for injury prevention.
10. Assist with inventory maintenance of medical supplies for the rehabilitation and training room and shall assist in the preparation of the budget and supply requisitions. This includes replenishing exhausted supplies, preventative maintenance and presenting new rehabilitation equipment to the Sports Medicine Officer/Physical Therapy Officer/Podiatrist for purchase consideration.
11. Provide instruction and guidance in courses relating to physical conditioning, injury prevention and recognition, pre-operative and post-operative rehabilitation, stretching, exercise physiology, posture and body mechanics.
12. Supervise students from various programs and be responsible for providing instruction in injury assessments and rehabilitation utilization of all indicated modalities, equipment, braces and treatment protocol.
13. Provide instruction and services in the area of applied anatomy, physiology of exercise, kinesiology and biomechanics.
14. Provide emergency first aid, evaluation and treatment of injuries, and aid in preliminary diagnosis to include recognition of severity of injury, rendering initial treatment and performing initial examination.

15. Maintain documentation of all treatment provided in accordance with clinic directives, and prepare such records and reports as may be required. All records and reports must be legible. Abbreviations must be only those listed in local instructions. All evaluations must be reviewed by independent licensed provider (counter signed).

16. Verify the content and correctness of all prepared and transcribed reports within two working days by affixing an original signature to all copies of the document and validating its content or by computer input as appropriate.

D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

1. Possess current Certification in Athletic Training through the National Trainers' Association (NATA) Board of Certification (provide a copy of certification with expiration date).

2. Possess a Bachelor's degree level education or better, with an emphasis in Athletic Training.

3. Possess at least 12 months full-time experience within the preceding 36 months as an athletic trainer with collegiate athletes, professional athletes, or military operations personnel.

4. Possess experience with Windows-based computer systems of at least 12 months within the preceding 36 months.

5. Be certified in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

6. Provide two letters of recommendation from practicing physicians board certified in Orthopedics or Sports Medicine or other physicians practicing Sports Medicine attesting to the health care worker's clinical skills and one from a practicing, licensed Physical Therapist. Letters of recommendation must include name, title, date of reference, phone number, address and signature of the individual providing reference and must be written within the preceding 5 years.

7. Be eligible for U.S. employment.

8. Represent an acceptable malpractice risk to the Navy.

9. Submit a fair and reasonable price as determined by the Navy prior to contract award.

E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified athletic trainers using the following enhancing criteria, listed in descending order of importance. The "Personal Qualification Sheet", Letters of Recommendation, and, if you have prior military services, the Form DD214, shall be used to evaluate these items.

1. Experience as an ATC in excess of the minimum requirement.

2. The letters of recommendation required in paragraph D.(6), above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise. Additionally, letters of recommendation from Orthopedic Physicians or other physical medicine specialists may enhance your ranking if they attest to your clinical skills.

3. Related Certifications.

4. Total continuing education hours.

5. Prior military experience in a medical setting (if applicable provide a copy of Form DD214).

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ A completed, "Personal Qualifications Sheet – Certified Athletic Trainer" (Attachment 1)
2. _____ A completed Pricing Sheet (Attachment 2)
3. _____ Proof of employment eligibility (Attachment 3)
4. _____ Two letters of recommendation per paragraph D.6. Above
5. _____ Central Contracting Registration Confirmation Sheet (Attachment 4)
6. _____ Small Business Representations (Attachment 5)

G. OTHER INFORMATION FOR OFFERORS.

An Individual Set Aside Contract HANDBOOK available at <http://www-nmlc.med.navy.mil> under Public Access/Handbooks, or can be requested from acquisitions@nmlc.med.navy.mil, Code 22F, or call 301-619-2138. This handbook may be of assistance to you in explaining requirements detailed in this package.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr2000.com>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment 4 to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even thou you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for athletic trainers is 622110.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 2, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to (301) 619-2138 or via e-mail at fahoffman@nmle.med.navy.mil

We look forward to receiving your application.

ATTACHMENT 001

PERSONAL QUALIFICATIONS SHEET – CERTIFIED ATHLETIC TRAINER

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. The information you provide will be used to determine your acceptability based on Sections D. and E. of the solicitation. **In addition to the Personal Qualifications Sheet, please submit two letters of recommendation as described in Item VII of the Personal Qualifications Sheet.**
3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education, Professional Registration, Experience, Personal and Professional Information Sheet, continuing education certificates, and employment eligibility documentation. If you submit false information, the following actions may occur (a), your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts and/or (b), you may lose your clinical privileges.
4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Have you ever been the subject of a malpractice claim?
(indicate final disposition of case in comments) | ___ | ___ |
| 2. Have you ever been a defendant in a felony or misdemeanor case?
(indicate final disposition of case in comments) | ___ | ___ |
| 3. Has your license or certification to practice ever been revoked or
restricted in any state? | ___ | ___ |

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

_____(mm/dd/yy)
(Signature) (Date)

PERSONAL QUALIFICATIONS SHEET – CERTIFIED ATHLETIC TRAINER**I. General Information**

Name: _____ SSN: _____
 Last First Middle

Address: _____

Phone: () _____

II. Certification (Section D, Item 1):

_____ (mm/dd/yy)
 State Date of Expiration

III. Professional Education. Possess a Bachelor's Degree from an accredited college. (Section D, Item 2):

Degree from:

(Name and location of the school where you received your Degree)

Date of Degree: _____ (mm/dd/yy)

IV. Professional Employment: List your current and preceding employers. Have at least 12 months full-time experience within the preceding 36 months immediately preceding contract start. Provide dates as month/year. (Section D, Item 3):**Name and Address of Present Employer****From****To**

(1) _____

Work Performed: _____

Names and Addresses of Preceding Employers**From****To**

(2) _____

Work Performed: _____

From**To**

(2) _____

Work Performed: _____

Are you are currently employed on a Navy contract? If so, where is your current contract and what is the position?

V. Basic Computer Knowledge. Provide statement that you have experience with Windows-based computer systems of at least 12 months within the preceding 36 months. **(Section D, Item 4).**

VI. Basic Life Support Level C (Section D, Item 5): Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

Training Type listed on Card: _____
Expiration Date: _____(mm/dd/yy)

VII. Professional References (Section D, Item 6):

Provide two letters of recommendation from practicing physician's board certified in Orthopedics or Sports Medicine or other physicians practicing Sports Medicine attesting to the health care worker's clinical skills and one from a practicing, licensed Physical Therapist. Letters of recommendation must include name, title, date of reference, phone number, address and signature of the individual providing reference and must be written within the preceding 5 years.

VIII. Employment Eligibility (Section D, Item 7):

	<u>Yes</u>	<u>No</u>
Do you meet the requirements for U.S. Employment Eligibility contained in Section V?	_____	_____

IX. Approved Continuing Education (Factor for Award):

<u>Title Of Course</u>	<u>Course Dates</u>	<u>CE Hrs</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

X. Related Certifications (Factor for Award)

Type of Certification and Date of Certification or Expiration

XI. I hereby certify the above information to be true and accurate:

(Signature) _____(mm/dd/yy)
(Date)

ATTACHMENT 002

PRICING SHEET

PERIOD OF PERFORMANCE

Services are required from 1 February 2004 through 30 September 2004. Five option periods will be included which will extend services through 31 January 2009, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION:

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Certified Athletic Trainers in the Portsmouth, VA area. **The hourly price includes consideration for the following taxes and insurance that are required:**

(a) Please note that if you are awarded a Government contract position, **you will be responsible for paying all federal, state and, local taxes.** The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform on behalf of the Government, the duties of Certified Athletic Trainer at the Naval Medical Center, Portsmouth, VA in accordance with this application and the resulting contract.				
0001AA	Base Period; 1 Feb 04 thru 30 Sep 04	1392	Hour	_____	_____
0001AB	Option Period I; 1 Oct 04 thru 30 Sep 05	2088	Hour	_____	_____
0001AC	Option Period II; 1 Oct 05 thru 30 Sep 06	2080	Hour	_____	_____
0001AD	Option Period III; 1 Oct 06 thru 30 Sep 07	2080	Hour	_____	_____
0001AE	Option Period IV; 1 Oct 07 thru 30 Sep 08	2096	Hour	_____	_____
0001AE	Option Period V; 1 Oct 08 thru 31 Jan 09	704	Hour	_____	_____
TOTAL CONTRACT					_____

Printed Name _____

Signature _____ Date _____

ATTACHMENT 003

**LISTS OF ACCEPTABLE DOCUMENTS
SUBMIT ONE FROM LIST A****LIST A**

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C:**LIST B**

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
3. School ID card with a photograph

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS 1350)
3. Original or certified copy of a birth certificate issued by a state, county,

- | | |
|---|--|
| 4. Voter's registration card | municipal authority or outlying possession of the United States bearing an official seal |
| 5. U.S. Military card or draft record | |
| 6. Military dependant's ID Card | 4. Native American Tribal document |
| 7. U.S. Coast Guard Merchant Mariner Card | 5. U.S. Citizen ID Card (INS Form I-197) |
| 8. Native American tribal document | 6. ID Card for use of Resident Citizen in the United States (INS Form I-179) |
| 9. Driver's license issued by a Canadian government authority | |
| For persons under age 18 who are unable to present a document listed above; | 7. Unexpired employment authorization document issued by the INS (other than those listed under List a). |
| 10. School record or report card | |
| 11. Clinic, doctor, or hospital record | |
| 12. Day-care or nursery school record | |

ATTACHMENT 004

CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/howto.html> If you do not have internet access, please contact (301) 619-3124 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command
ATTN: Code 22F
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-6793

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

E-Mail Address: _____

ATTACHMENT 005**SMALL BUSINESS PROGRAM REPRESENTATIONS**

As stated in paragraph I.A. of this application, this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses, please provide the additional information requested below.

NOTE: This information will not be used in the selection process, nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
☐ () The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ ___ Black American.
☐ ___ Hispanic American.
☐ ___ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
☐ ___ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
☐ ___ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).